1	G. SCOTT EMBLIDGE, State Bar No. 121613 emblidge@meqlaw.com		
2	RACHEL J. SATER, State Bar No. 147976		
3	sater@meqlaw.com ANDREW E. SWEET, State Bar No. 160870		
4	sweet@meqlaw.com MOSCONE, EMBLIDGE, & QUADRA, LLP		
5	220 Montgomery Street, Suite 2100 San Francisco, California 94104-4238		
6	Telephone: (415) 362-3599 Facsimile: (415) 362-2006		
7	Attorneys for Plaintiff		
8			
9	UNITED STATES	DISTRICT	COURT
10	NORTHERN DISTR	ICT OF CA	LIFORNIA
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12		ı	
13	COYNESS L. ENNIX JR., M.D.,	Case No. (	C 07-2486 WHA
14	Plaintiff,	DECLA	RATION OF COYNESS L.
15	VS.	ENNIX J	R., M.D. IN OPPOSITION
16	ALTA BATES SUMMIT MEDICAL		ENDANTS' MOTION FOR RY JUDGMENT
17	CENTER,	Data	A
18	Defendants.	Date: Time:	April 24, 2008 8:00 a.m.
19		Dept: Judge:	Ctrm. 9, 19 <sup>th</sup> Floor Hon. William H. Alsup
20			
21	I, Coyness L. Ennix Jr., M.D., declare:		
22	1. I am the plaintiff in this case. I ha	ave personal	knowledge of the facts stated in this
23	declaration.		
24	2. I am a certified cardiac and thorac	cic surgeon a	nd the only African American lead
25	cardiac surgeon at Alta Bates Summit. I obtaine	d certification	n by the American Board of
26	Surgery in 1978 and the American Board of Tho	racic and Car	diac Surgery in 1980, 1989 and
27		1	
28	ENNIX DECLARATION IN OPPOSITION TO MOTION FOR SUMMARY JUDGMENT		Case No. C 07-2486 WHA

1999. I have taught and lectured extensively in my field of cardiac surgery and have held hospital administrative positions in this field.

- 3. In early 2004, after substantial research and training, I began performing some cardiac surgeries using a new, minimally invasive process ("MIV"), rather than the standard process of opening a patient's chest. In preparation for performing the MIV procedures, I underwent substantial training and preparation, including observing eight to ten procedures at hospitals across the country including the Cleveland Clinic and New York University Medical Center, taking two instructional courses and reading extensively in the literature relevant to the procedure. I have reviewed the deposition testimony of Drs. Hon Lee and Leigh Iverson regarding their preparation for MIV procedures; I underwent substantially the same training, planning and preparation to perform the MIV procedure as those doctors did.
- 4. Shortly after I performed four initial MIV procedures, Dr. William Isenberg, the President of the Medical Staff at Summit Hospital, and Dr. Steven Stanten, the Chief of the Department of Surgery, asked me to cease performing the MIV procedures out of a professed concern with long operating times and the outcomes in these cases. I agreed.
- 5. The Ad Hoc Committee ("AHC") that reviewed my MIV cases sent the four MIV cases to an outside peer review company, the National Medical Audit ("NMA"), and also sent to the NMA six more of my cases all involving deaths, and all previously reviewed and cleared of standard of care issues by the Cardiothoracic Peer Review Committee. It did so even though ABSMC's established peer review process reviews by a nurse, a physician, and finally the Cardiothoracic Peer Review Committee if necessary found no concerns regarding patient safety as to my practice.
- 6. After Dr. Isenberg summarily suspended me in reliance on the unvetted NMA report and bogus allegations that I had not made rounds on a post-operative patient, I requested permission to assist other surgeons during the remaining duration of my peer review in order to maintain my skills and some income stream. The MEC agreed.

- 7. The AHC did not meet with me until after the NMA had returned its report and Dr. Isenberg had summarily suspended me. Dr. Isenberg was an active participant in questioning witnesses at the AHC, and asked most of the questions in the AHC's examination of me.
- 8. Prior to a meeting of the MEC regarding the NMA report and AHC's recommendations, I submitted to the MEC reviews of the ten cases by nationally renowned cardiac surgeons Dr. Bruce Reitz of Stanford and Dr. Bruce Lytle of the Cleveland Clinic, among others, who cleared the ten cases of standard of care issues. I also submitted reports by medical statisticians debunking the bogus statistics the NMA and the AHC offered to justify their conclusions. These reports are attached to the Sweet declaration submitted herewith.
- 9. The entire peer review process lasted over two years and caused me a substantial loss of income, irreparable damage to my reputation and practice, and significant emotional distress.
- 10. As a member of the ABSMC Medical Staff, I pay annual membership fees to Summit and agree to abide by the Medical Staff bylaws. Additionally, ABSMC receives payments from my patients and/or their insurers in connection with services I have provided at ABSMC. True and correct copies of Medical Staff membership fees statements and checks evidencing payment of annual membership fees and hospital fees are attached hereto as Exhibit A.
- 11. When I agree to operate on a patient, and the patient agrees to use my services, the patient signs a consent form. A true and correct copy of an example of such forms is attached hereto as Exhibit B. These forms evidence agreements to treat patients on which I could not perform due to my first summary suspension. If a patient or its insurer fails to pay me for services, then I would send the bill out for collection.
- 12. When ABSMC summarily suspended me, I could not perform several surgeries that I had previously agreed to perform. I also could not enjoy the benefits of my Medical Staff membership. When I was permitted to surgically assist, I recovered some, but not all, of those

1	rights and privileges, in that I still could not serve as lead surgeon. Even the period of			
2	proctorship limited the benefits of my Medical Staff membership, in that it was burdensome to			
3	find doctors willing to serve as proctors and to ensure their availability during scheduled			
4	surgeries.			
5	13. A true and correct copy of the letter from the California Medical Board regarding			
6	its review of my case is attached hereto as Exhibit C.			
7	I declare under penalty of perjury under the laws of the State of California that the			
8	foregoing is true and correct to the best of my knowledge and that this declaration was signed in			
9	Oakland, California.			
10	D + 1 N + 106 2000			
11	Dated: March 26, 2008 /s/ Coyness L. Ennix Jr., M.D.			
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28	ENNIX DECLARATION IN OPPOSITION TO Case No. C 07-2486 WHA			

# **EXHIBIT A**



A Sutter Health Affiliate

Tel: (510) 204-1521 Fax: (510) 204-1221 2450 Ashby Ave., Berkeley, CA 94705

December 19, 2006

Alta Bates Medical Staff

3300 Webster St. #404 Coyness L. Ennix Jr., M.D.

# Oakland, CA 94609

RE: 2007 Annual Alta Bates Medical Staff Dues Invoice

The dues structure approved by the Medical Executive Board for 2007 is as follows: Affiliate: \$137.50

Allied Health Professionals: \$150

Your current staff category: Provisional AMOUNT DUE: \$275.00

Date Due: January 31, 2007

We are not able to accept credit card payments. You are responsible for forwarding this notice to the entity paying dues on your behalf. Please see instructions below.

You may sign and return the statement below if you do not wish to remain on the Medical or

I **do not** wish to remain on the Medical or Allied Health Professional Staff.



November 15, 2006

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Coyness L. Ennix Jr., M.D. 3300 Webster Street Suite #404 Oakland, CA 94609

Dear Dr. Ennix:

This is your annual notification of Medical Staff dues. The Medical Executive Committee has established the year 2007 dues at \$275.00 for all members of the Summit Medical Staff, with the exception of Honorary and Retired members.

Please be sure that your check clearly indicates the member's name(s) covered by the check and submit payable to the Summit Medical Staff.

Please be sure we have your payment no later than March 1, 2007. Thank you in advance for your cooperation. A return envelope is provided for your convenience.

Very truly yours,

Michael Kim, M.D. Secretary/Treasurer

If you do not plan to maintain your privileges at Summit and you wish to resign your membership at this time, please do so by signing below.

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# **EXHIBIT B**



# VERIFICATION OF CONSENT FOR CORONARY INTERVENTION

Your physician has recommended a procedure to open up one or more of your coronary arteries, which are now blocked. Your doctor should have already explained how this coronary intervention procedure works. To make sure you understand the issues your doctor has discussed with you, this form reviews the procedure and its effects.

The coronary intervention called "angioplasty" may use a balloon, a laser, various mechanical devices, or a combination of these things to open the arteries. During the procedure, small catheters will be placed inside the coronary arteries and these tubes will be used for access during the unblocking procedure. A device known as a "stent" may be placed in the artery to hold the artery open. While undergoing coronary intervention, patients often experience angina, but it usually stops at the end of the procedure.

Complications of the procedure can include heart attack, stroke, life threatening cardiac irregularities, and even death. Blockage can also occur in the leg or arm artery where the catheter is placed. Bleeding may occur, and in rare cases, a blood transfusion may be needed. (This possibility is considered "less than a reasonable possibility" for the purpose of the Paul Gann Blood Safety Act.) Rarely, a surgical procedure may be required to treat complications.

During the procedure medications may be given to relax you and reduce discomfort; this is called "conscious sedation." Conscious sedation has a small risk that you could stop breathing during the procedure. You will be carefully monitored.

The alternatives to coronary intervention are continued medical therapy and coronary bypass surgery. Each of these options has its own risks and benefits and you should discuss these with your physician.

By signing below, you will indicate that you understand the nature of the coronary intervention procedure, that you are aware of its risks, and that you understand the alternatives. Your signature confirms that you are consenting to having coronary intervention performed. If you have second thoughts about having the procedure, do not sign this form. Ask to discuss your options further with your physician.

### REDACTED

(Patient Signature)	REDACTED	(Daté)
(Witness Signature)		(Dayé)

96-2000-6 (7/00)

CONFIDENTIAL

# **EXHIBIT C**

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PAGE 02/03

STATE OF CALIFORNIA .. STATE AND CONSUMER SERVICES AGENCY





### MEDICAL BOARD OF CALIFORNIA

PLEASANT HILL DISTRICT OFFICE 3478 BUSKIRK AVENUE, SUITE #217 PLEASANT HILL, CA 94523 (925) 937-1909 fax (925) 937-1964



July 13, 2006

Coyness Ennix, M.D. 3300 Webster Street, Suite 404 Oakland, CA 94609

# REDACTED

Dear Doctor Ennix:

The Medical Board of California has concluded its investigation regarding the 805 Business and Professions Code Section reports filed by Alta Bates Summit Medical Center. This case was reviewed by a outside expert.

The expert found no departure from the standard of practice in two of the four cases reviewed for minimally invasive procedures. The two cases that the expert found simple departures read as follows:



The operative approach was indicated. The length of operative times was not unreasonable, considering the approach and the surgeon's experience, and does not represent a violation of the standard of practice. The amount of IVF administered was excessive, and resulted in the subsequent administration of numerous blood products, that would, in all likelihood, not have been otherwise necessary. That is the responsibility of both the anesthesiologist, as well as the surgeon, and represents a simple departure from the standard of practice. The remainder of the intra and postoperative care are within the realm of surgeon experience and preference.

## Patient #

The failure to recognize and prevent the administration of the large volume of crystalloid to the patient intraop constitutes a simple departure from the standard of practice. The remainder of the allegations are unfounded, and no other departures from the standard of practice can be clearly demonstrated in this case.

After receipt of the supplemental 805 reports filed by Alta Bates Summit Medical Center, additional records were obtained and reviewed by our expert. Six additional records were reviewed by the expert who found the following:

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PAGE 03/03

Page 2

# REDACTED

### Patient #

The delay in transporting this patient to surgery from the time the diagnoses were made to the time of the operative interventions probably contributed to her poor outcome and represents a simple departure from the standard of practice. The remainders of the case including preoperative, operative, and postoperative management were within the realm of physician experience, training, and bias.

### Summary Conclusion

A simple departure in the standard of practice could be identified in one case. The remainder of the cases had no evidence of deviations in the standard of practice by Dr. Ennix. There is no evidence whatsoever, in these reviewed cases, that the conduct of Dr. Ennix; preoperatively, intraoperatively, or postoperatively, has violated the standard of practice in cardiac surgery.

Based upon the expert reviewer's opinion, this case will be closed and kept on file for a period of five years. In the event that a similar complaint is received, this case may be re-opened.

Sincerely,

Teri Bennett

Senior Investigator 12-2004-158215

cc: John Etchevers, Esq.